



## Emergency Medical Services for Children (EMSC) Program Implementation Manual for EMSC State Partnership Performance Measures

Performance Measure #68 is divided into four separate sub-measures (see Performance Measures #68a, #68b, #68c, and #68d).

### Performance Measure #68

The degree to which the State/Territory has established permanence of EMSC in the State/Territory EMS system.

#### Significance of Measure

Establishing permanence of EMSC in the State/Territory EMS system is important for building the infrastructure of the EMSC Program and is fundamental to its success. For the EMSC Program to be sustained in the long-term and reach permanence, it is important to establish an EMSC Advisory Committee to ensure that the priorities of the EMSC Program are addressed. It is also important to reduce the Program's reliance on federal funds to support the EMSC Coordinator position. Moreover, by ensuring pediatric representation on the State/Territory EMS Board, pediatric issues will more likely be addressed. Lastly, the permanence of EMSC in the State/Territory EMS system is contingent upon the integration of EMSC priorities into existing EMS statutes/regulations to ensure that pediatric emergency issues and/or deficiencies are addressed state/territory-wide.

#### Definition(s)

##### *Permanence*

"Permanence" of EMSC in the State/Territory EMS system is defined by the following four elements:

- a. Establishment of an EMSC Advisory Committee within the State/Territory (*Performance Measure #68a*)
- b. Incorporation of pediatric representation on the State/Territory EMS Board (*Performance Measure #68b*)
- c. Establishment of an in-State/Territory-funded full time equivalent (FTE) for an EMSC Coordinator that is dedicated solely to the EMSC Program (*Performance Measure #68c*)
- d. Integration of EMSC priorities into existing EMS statutes/regulations (*Performance Measure #68d*)

##### *EMSC*

The component of EMS that addresses pediatric and adolescent needs, and the Program that strives to ensure the establishment and permanence of that component.

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## *EMS system*

The continuum of patient care from prevention to rehabilitation, including pre-hospital, dispatch communications, out-of-hospital, hospital, primary care, emergency care, inpatient, and medical home. It encompasses every injury and illness.<sup>19</sup>

## **Requirement**

There is no requirement for the overarching Performance Measure #68, but there are targets for each of the four sub-measures:

- a. By 2006, an EMSC Advisory Committee will have been established within the State/Territory.
- b. By 2007, pediatric representation will have been incorporated on the State/Territory EMS Board.
- c. By 2011, an in-State/Territory-funded full time equivalent (FTE) for an EMSC Coordinator that is dedicated solely to the EMSC Program will have been established.
- d. By 2011, all five EMSC priorities will have been integrated into existing EMS statutes/regulations.

## **Calculation**

Calculation of this measure involves completing the attached Aggregated Data Collection Form, which includes a checklist of the four elements that indicate permanence of EMSC in the State/Territory EMS system.

## **Data Collection and Analysis**

- Collect information to complete the attached Data Collection Form from the Data Collections Forms for Performance Measures #68a (page 93), #68b (page 97), #68c (page 100), and #68d (page 106).
- Complete the attached Aggregated Data Collection Form.

## **Reporting**

- Report the degree to which the State/Territory has established permanence of EMSC in the State/Territory EMS system on an annual basis to HRSA via the Electronic Handbook (EHB). You will receive more specific information on how to access and use the EHB in your notice of grant award. Please refer to these instructions.
- Supporting documentation should be submitted with your EMSC continuation application each year.

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<sup>19</sup> To realize the EMS vision of community-based health management that is integrated with the overall health care system, the *EMS Agenda for the Future* proposes continued development of 14 EMS attributes. They are: Integration of Health Services, EMS Research, Legislation and Regulation, System Finance, Human Resources, Medical Direction, Education Systems, Public Education, Prevention, Public Access, Communication Systems, Clinical Care, Information Systems, and Evaluation.

**Emergency Medical Services for Children (EMSC) Program  
Implementation Manual for EMSC State Partnership  
Performance Measures**

**Follow-up**

- Once the data are submitted to HRSA, NEDARC will analyze the data and report aggregated national data to NRC and HRSA/MCHB.
- EMSC NRC and NEDARC will track your progress and may contact you to address any questions or concerns regarding your progress towards meeting the measure.

**Implementation Considerations**

N/A

**Emergency Medical Services for Children (EMSC) Program  
Implementation Manual for EMSC State Partnership  
Performance Measures**

**Aggregated Data Collection Form for Performance Measure #68**

Please indicate the progress your State/Territory has made towards establishing the permanence of EMSC in the State/Territory EMS system (Performance Measures #68a, #68b, #68c, and #68d) and whether your State/Territory has met the target for each element of permanence.

Elements Indicating Permanence of EMSC in the State/Territory EMS System	Yes/No	Target	Target Met?	
			Yes ✓	No ✓
a. The establishment of an EMSC Advisory Committee within the State/Territory.		"Yes" by 2006		
b. The incorporation of pediatric representation on the State/Territory EMS Board.		"Yes" by 2007		
c. The establishment of an in-State/Territory-funded full time equivalent (FTE) for an EMSC Coordinator that is dedicated solely to the EMSC Program.		"Yes" by 2011		
d. The integration of EMSC priorities into existing EMS statutes/regulations.		"Yes" by 2011		

**Targets for All Four Measures Met (Yes/No): \_\_\_\_\_**